

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025557

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

316

Primary Registration District No.

6075

Registrar's No.

300

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

ST. Francis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

Womack

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Francis

admission)

c. CITY

OR TOWN

Womack

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

At Home

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rural Route

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First MINNIE Middle HISSEM Last

4. DATE OF DEATH

Month Day Year July 13-1963

5. SEX

Female

6. COLOR OR RACE

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/8/1887

9. AGE (last birthday)

86

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (City and state or country)

New Paris Ohio

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

James Alexander

13b. MOTHER'S MAIDEN NAME

Evelyn James

14. NAME OF HUSBAND OR WIFE

Thomas Hissem (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Felecia Beck Womack, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

acute Ventricular Dilatation

INTERVAL BETWEEN ONSET AND DEATH

7 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arterio sclerosis - senile

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

4/5/63

to 7/13/63

and last saw her alive on July 12-63

Death occurred at 3:00 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS

Farmington Mo

22c. DATE SIGNED

7/13/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7/14/1963

23c. NAME OF CEMETERY OR CREMATORY

Silver Point Cemetery

23d. LOCATION (city, town, or county)

Silver Point

Mo.

24. FUNERAL DIRECTOR

ADDRESS

C.H. Cozean Farmington, Mo.

25. DATE RECD. BY LOCAL REG.

July 13, 1963

26. REGISTRAR'S SIGNATURE

Ethel Rudloff

7-7250-80M

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. Kozear
Licensed Embalmer No. 4067

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.